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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/524,079	10/31/2005		Nobuo KIMIZUKA		TAW-012US		4214	
TITLE OF INVENTION: MOLECULAR-ORIENTED POLYMER GEL AND CAST FILM WITH SELF-ORGANIZABLE AMPHIPHILIC COMPOUND AS TEMPLATE, AND THEIR PRODUCTION METHODS								
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	no	\$1,51	0.00	\$300.00	\$1,810.00)	01/25/10	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
R. Kahn 1796								
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Honda Giken Kogyo Kabushiki Kaisha and Nobuo Kimizuka 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name will be printed. Brian C. Trinque COUNTRY) FURNAME OF ASSIGNEE (B) RESIDENCE: (CTTY and STATE OR COUNTRY) Honda Giken Kogyo Kabushiki Kaisha Tokyo, Japan Fukuoka-shi, Japan								
Please check the appropriate assignee category or categories (will not be printed on the patent): X Individual X Corporation or other private group entity Government								
4a. The following fee(s) are enclosed: X Issue Fee A check in the amount of the fee(s) is enclosed. X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. X Advance Order # of Copies Z The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0080								
5. Change in Entity Sta	tus (from status indicate	ed above)						
	ms SMALL ENTITY sta		R 1.27.	b. Applicant is no longe	er claiming SMALL	ENTITY sta	atus. See 37 CFR 1.27(g)(2).	
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Authorized Signature /Brian C. Trinque, Ph.D./				h.D./	Date	Janua	ary 21, 2010	
Typed or printed nar	Brian C. Trinque, Ph.D.				Registratio	n No.	56,593	